## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100000525



FILED Feb 10, 2003 8:00 am Secretary of State

MIAMI RAN	, NGERS TRAVELING TEAM, IN							
3411 SW 156TH COURT P.O MIAMI FL 33185 MIA						Mailing Address P.O BOX 651383 MIAMI FL 33265-1383		
		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES		
City & State		City & State		4. FEI Number 65-1069225 Applied For				
Zip Country		Zip	Country	5. Certificate of St	5. Certificate of Status Desired See Required			
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New Registered			
		<u> </u>	Name					
	& UTRERA, P.A. ERIA AVENUE		Street Address		lot Acceptable)			
	ABLES FL 33134							
			City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	)	
the obligati	named entity submits this statement for ons of registered agent.  Signature, typed or printed name of registered agent a		Registered Agent signature real		Make Checl Florida Depar	k Payable	to	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10	
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, RAFAEL 3411 SW 156TH COURT MIAMI FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERREIRO, CESAR 3411 SW 156TH COURT MIAMI FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILTZ, MARTESEIA 3411 SW 156TH COURT MIAMI FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENCINOSA, ODETTE 3411 SW 156TH COURT MIAMI FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	☐ Addition	
TITLE	I ITH WILL I W VO I VO	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	والمستريد والمستحصين والمستريد والمستريد والمستريد	er e e es	STREET ADDRESS CITY-ST-ZIP		and the second s		ميسوحه په در	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby of	certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated	in Section 119.07(3)(i), Fl	orida Statutes. I further ce	☐ Change	Addition  Addition	i i

I hereby certity that the information supplied with this fulling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

GNATURE:

315

496-447

SIGNATURE: